FI 40B FY05 05/2004 Division of Finance



Employee Name

Payroll Period

Title

MM/DD/YYYY

Home Agency Code

Employee Number

Low Org

Distribution Code

PRIVATE VEHICLE USAGE REPORT FOR REIMBURSEMENT AT .375 PER MILE (FY														ER MILE (FYO	5)
Date MM/DD/YYYY	From	То	Beginning Mileage	Ending Mileage	Miles Driven	Fund	Agcy	Low Org	Approp Unit	Act	Func	Rep Cat	Project/ Job	Business Purpose of Miles Driven	*
I hereby certify that this mileage was incurred				Total Miles		X .375 =					*Reas	on(s) fo	r reimbursing	g at .375 cents per mile:	

on official State business and that the amounts are correct and proper.

Total Amount (Wage Type 1183)

- 1 State fleet vehicle not available
- 2 Time required to obtain state vehicle not cost effective
- 3 Short distance to drive but ties up vehicle all day
- 4 State fleet vehicle not available that meets program needs
- 5 Other Attach documentation

Signature of Traveler Agency Name Date Division